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NOTICE OF INSUFFICIENT FILING FEES

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CFR 1.136/a) will not be accepted or this ju day perfold under
CFR 1.136(a) will not be permitted. Failure to respond within this per will result in the application becoming abandoned, 35 U.S.C. 233.
application becoming abandoned, 135 U.S.C. A13

The filing fees submitted in connection with this application are insufficient. See the attached Patent Application Fee Determination Rec (Form PTO-875). The balance due for additional claims and/or multiple dependent claims is summarized below:

THIS PORTION AND RETURN THIS NOTICE WITH Signature CERTIFICATE OF MAILING TO being deposited with the U.S. POSTAL SERVICE as first date and is an envelope addressed by	PAYKEP
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PATENT APPLICATION FEE DETERMINATION RECORD YAF-0-1 Effective October 1, 2000 **CLAIMS AS FILED - PART I SMALL ENTITY** OTHER THAN (Column 1) (Column 2) TYPE [**SMALL ENTITY** OR **TOTAL CLAIMS** 31 RATE FEE RATE FEE OR BASIC FEE **FOR** BASIC FEE **NUMBER FILED NUMBER EXTRA** 355.00 ·710.00 31 TOTAL CHARGEABLE CLAIMS U minus 20= X\$ 9= X\$18= OR 2 INDEPENDENT CLAIMS minus 3 = X40 =X80= 20 OR MULTIPLE DEPENDENT CLAIM PRESENT +270= +135= OR * If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL **CLAIMS AS AMENDED - PART II OTHER THAN SMALL ENTITY SMALL ENTITY** OR (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-⋖ REMAINING NUMBER PRESENT RATE TIONAL **RATE** TIONAL **AFTER PREVIOUSLY AMENDMENT EXTRA** FEE FEE AMENDMENT PAID FOR Total Minus X\$ 9= X\$18= OR Minus Independent = X80 =X40= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +270= +135= OR TOTAL TOTAL OR ADDIT FEE ADDIT. FEE (Column 3) (Column 2) (Column 1) HIGHEST CLAIMS ADDI-ADDI-REMAINING NUMBER **PRESENT** RATE TIONAL TIONAL RATE **PREVIOUSLY** AMENDMENT **AFTER EXTRA** PAID FOR **AMENDMENT** FEE **FEE** Total Minus X\$ 9= X\$18=OR Minus Independent = X40 =X80 =OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135= +270= OR TOTAL TOTAL OR ADDIT, FEE ADDIT. FEE (Column 2) (Column 3) (Column 1) HIGHEST CLAIMS ADDI-ADDI-NUMBER REMAINING PRESENT **TIONAL** RATE RATE TIONAL **AMENDMENT AFTER PREVIOUSLY EXTRA** PAID FOR **AMENDMENT FEE** FEE Total Minus X\$ 9= X\$18= OR Independent Minus =

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^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

^{***}If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.